City of Pico Rivera
Department of Parks and Recreation

Memorial Bench Program Application

Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Bench Inscription (20 character maximum including spaces):

_____

Name on Bench (As you would like it to appear, 20 character maximum including spaces):

_____

Dates of Life - MONTH (abbr.) DD YYYY MONTH (abbr.) DD YYYY

_____ _____

Once bench inscription is submitted and approved, no further changes can be made to the inscription throughout the lifetime of the bench.

Signature of applicant: _____ Date: _____

Location of the Memorial Bench will be deteremined by City staff. The City has the right to select the location and to relocate as necessary with or without notice.

A payment of $3,500 must be submitted in order for your application to be processed. Please make check or money order payable to "City of Pico Rivera." Credit card payments are accepted in person at the Department of Parks and Recreation Office during normal business hours of Monday through Friday, 7:00 a.m. to 5:30 p.m.

Please return application to:
Gabriel Castorena - Department of Parks and Recreation
6767 Passons Boulevard
Pico Rivera, CA 90660
562.801.4217

Thank you for participating in the City's Memorial Bench Program.

For Office Use Only

Submitted on: _____ *Processed on:* _____

Entered by: _____